

Laboratory Security System Employee Access- Restricted Laboratory
Massachusetts Department of Public Health
William A. Hinton State Laboratory Institute
305 South Street, Jamaica Plain, MA 02130

Form completion instructions: 1. Complete for each restricted laboratory to which an employee will be granted access.
2. Complete when access is terminated and when there are changes to employee's restricted laboratory access.

Employee Information			
Employee Name (print): Dookhan, Annie		Employee Room/Phone: / 983-	
LSS Training Date:		Date of Access Activation:	
Access Identification Card: Card no: Fingerprint no:		Employee's Supervisor (print):	
Restricted Laboratory Access Information			
Access to Laboratory (check all that apply)	Restricted Laboratory Access Approval	Signature	Date
<input type="checkbox"/> 306/307, 308, 309/310, 313	Julianne Nassif		
<input type="checkbox"/> 404, 404A, 404B	Cheryl Gauthier		
<input type="checkbox"/> 463, 464, 414C	Glenn Krumholz		
<input type="checkbox"/> 713A, 713B, 713C, 713	Raimond Konomi		
<input type="checkbox"/> 712	Raimond Konomi		
<input type="checkbox"/> 712A, 712B	Raimond Konomi		
<input type="checkbox"/> 755	Paul Elvin		
<input type="checkbox"/> 813	Scott Hennigan		
<input type="checkbox"/> 760, 866, 869	Scott Hennigan		
Access Level of Employee			
<input checked="" type="checkbox"/> Level I (24 hours/day, 7 days/week)	Other access level (specified by Restricted Laboratory Supervisor):		
Signature of Employee/Date:		Signature of Employee's Supervisor/Date:	
Responsible Official (signature):		LSS Manager (signature):	
_____ Print name/date:		_____ Print name/date: KATHLEEN L. NAWN	
Termination of Access Card Information			
Date of Termination of Access:		LSS Manager Signature/Date:	